

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583060

FILING DATE

17 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	6		/			
8	1		/			
9	1		/			
10	1		/			
11	1		/			
12	1		/			
13	1		/			
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TOTAL IND.	2		2			
TOTAL DEP.	30	←	20	←		
TOTAL CLAIMS	32		22			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS						